

~~AP 16389~~

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MALE GERM LINE CELL-SPECIFIC SEQUENCES

COMMISSIONER FOR PATENTS:

Date _____

The requested extension is as follows (check time period desired):

☐ One month ☐ Two months ☐ Three months ☐ Four months ☒ Five months

from: **August 23, 2004** until: **January 24, 2005 (Monday)**
Date Date

Notice of Appeal filed 6/21/04, OIPE date 6/23/04

The fee for the extension of time is **\$2,160** and is to be paid as follows:

- ☒ A check in the amount of the fee is enclosed.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. **19-1013/SSMP**
- ☒ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. **19-1013/SSMP**
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Dated: January 24, 2005

Signature _____

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2160.00 OP

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

January 24, 2005

(Date _____)

Signature of Person Mailing Correspondence

Leopold Presser

Typed or Printed Name of Person Mailing Correspondence

CC: